VRBA MODULE 6

Educational Sources, Research References & Scope Disclaimer

Client Consultations • Protocol Design • Follow-Up • Holistic Support

EDUCATIONAL USE DISCLAIMER

VitalRoot Beauty Academy (VRBA) curriculum materials are created for education and professional development. They are not a substitute for medical diagnosis, medical treatment, psychotherapy, physical therapy, dietetic care, or other services that require a separate professional license. Students and practitioners must work within the laws, regulations, training standards, and scope-of-practice rules that apply in their own jurisdiction. When findings suggest infection, inflammatory or scarring alopecia, rapidly progressive loss, systemic illness, medication-related concerns, or another condition outside the practitioner's scope, appropriate medical referral is part of responsible care.

How this curriculum was developed

Module 6 is an instructional synthesis. It combines VRBA-created teaching frameworks and practice materials with established principles from dermatology, hair-loss evaluation, trichoscopy, clinical reviews, systematic reviews, and evidence-based hair and scalp literature. The student scripts, fictional client cases, worksheets, protocol examples, and coaching language are original educational applications designed to help students translate evidence into safe professional reasoning.

Important distinction

A reference supporting a concept does not mean every sentence in the VRBA lesson was copied from that source. The curriculum paraphrases, organizes, and teaches concepts in a student-friendly format. Clinical research changes over time; therefore, students should continue to review current evidence and refer clients when a concern exceeds their professional scope.

1. VRBA / Internal Curriculum Sources

Client Consultation Process

Primary Module 6 teaching source for consultation flow, history-taking, communication, professional terminology, red flags, protocol design, documentation, follow-up, and student practice.

VRBA TricholBalance Student Study Handbook

Supports consultation communication, OARS practice, scope-safe language, protocol design, measurable goals, follow-up review, and practitioner reasoning.

VRBA Complete Program Brief

Supports the academy's whole-person lens: hair, scalp, history, habits, body systems, nutrition, hormones, stress, lifestyle, assessment tools, referral, and ethical practice.

TrichoBalance / Teachable Curriculum

Confirms the Module 6 lesson sequence: Client Consultation Process; Customizing Protocols for Individual Clients; Monitoring Progress and Adjusting Protocols.

RXHair Fix consultation and follow-up materials

Practice-based examples for digital scalp imaging, baseline photography, internal and external factor review, individualized next steps, client education, and referral when indicated.

RXHair Fix × Twist & Locs Assistant SOP

Supports consultation boundaries, privacy-minded communication, documentation, escalation of clinical questions, and avoidance of diagnosis or outcome promises.

2. Selected Clinical & Research References

The following references support major clinical concepts used throughout the curriculum. This is a selected reference list, not an exhaustive bibliography.

Hair-loss consultation and systematic evaluation: Mubki T, Rudnicka L, Olszewska M, Shapiro J. Evaluation and diagnosis of the hair loss patient: Part I. History and clinical examination. Journal of the American Academy of Dermatology. 2014;71(3):415.e1-415.e15. DOI: 10.1016/j.jaad.2014.04.070. PMID: 25128118.

Trichoscopy and laboratory evaluation: Mubki T, Rudnicka L, Olszewska M, Shapiro J. Evaluation and diagnosis of the hair loss patient: Part II. Trichoscopic and laboratory evaluations. Journal of the American Academy of Dermatology. 2014;71(3):431.e1-431.e11. DOI: 10.1016/j.jaad.2014.05.008. PMID: 25128119.

Trichoscopy: Fernández-Domper L, et al. Trichoscopy: An Update. Actas Dermo-Sifiliográficas. 2023. DOI: 10.1016/j.ad.2023.02.006. PMID: 36848957.

Androgenetic alopecia / pattern thinning and trichoscopy: Kuczara A, Waśkiel-Burnat A, Rakowska A, Olszewska M, Rudnicka L. Trichoscopy of Androgenetic Alopecia: A Systematic Review. Journal of Clinical Medicine. 2024;13(7):1962. DOI: 10.3390/jcm13071962. PMID: 38610726.

Telogen effluvium and multifactorial triggers: Jimeno Ortega I, Stefanato CM. Telogen effluvium: a 360 degree review. Italian Journal of Dermatology and Venereology. 2023;158(6):457-466. DOI: 10.23736/S2784-8671.23.07579-5. PMID: 38015483.

Current telogen effluvium overview: Bergfeld WF, Mendez D. Shedding: An updated guide to a common cause of hair loss. Cleveland Clinic Journal of Medicine. 2026;93(10):616-622. DOI: 10.3949/ccjm.93a.26008. PMID: 42823125.

Central centrifugal cicatricial alopecia (CCCA): Fatima SZ. Central centrifugal cicatricial alopecia: a deeper insight into the disease. Wiener Medizinische Wochenschrift. 2024;174(15-16):323-327. DOI: 10.1007/s10354-024-01033-z. PMID: 38383911.

Lichen planopilaris and frontal fibrosing alopecia: Fechine COC, Valente NYS, Romiti R. Lichen planopilaris and frontal fibrosing alopecia: review and update of diagnostic and therapeutic features. Anais Brasileiros de Dermatologia. 2022;97(3):348-357. DOI: 10.1016/j.abd.2021.08.008. PMID: 35379508.

Traction alopecia: Billero V, Miteva M. Traction alopecia: A neglected entity in 2017. Indian Journal of Dermatology, Venereology and Leprology. 2018;84(6):644-649. DOI: 10.4103/ijdvl.IJDVL_553_16. PMID: 29035284.

Low-level laser / LED therapy: Perez SM, Vattigunta M, Kelly C, Eber A. Low-Level Laser and LED Therapy in Alopecia: A Systematic Review and Meta-Analysis. Dermatologic Surgery. 2025;51(2):179-183. DOI: 10.1097/DSS.0000000000004442. PMID: 39404126.

Microneedling: Ahmed KMA, et al. Evaluating the efficacy and safety of combined microneedling therapy versus topical Minoxidil in androgenetic alopecia: a systematic review and meta-analysis. Archives of Dermatological Research. 2025;317(1):528. DOI: 10.1007/s00403-025-04032-1. PMID: 40056230.

Platelet-rich plasma (PRP): Zhang X, Ji Y, Zhou M, et al. Platelet-Rich Plasma for Androgenetic Alopecia: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Journal of Cutaneous Medicine and Surgery. 2023;27(5):504-508. DOI: 10.1177/12034754231191461. PMID: 37533146.

Scalp micropigmentation (SMP): Rassman WR, Pak JP, Kim J. Scalp micropigmentation: a useful treatment for hair loss. Facial Plastic Surgery Clinics of North America. 2013;21(3):497-503. DOI: 10.1016/j.fsc.2013.05.010. PMID: 24017991.

3. Evidence-Use & Scope Notes for Students

Stress and hair loss

Stress may contribute to shedding, particularly telogen effluvium, but it is not a universal root cause. Hair loss can also involve genetics, autoimmunity, inflammation, infection, medications, nutritional status, hormonal changes, childbirth, illness, surgery, weight change, and mechanical styling. Stress management is supportive care, not a guaranteed regrowth treatment.

Scarring alopecia

CCCA, lichen planopilaris, frontal fibrosing alopecia, and other cicatricial disorders can permanently damage follicles. Early recognition and dermatologic referral are essential. A trichologist should not promise restoration of follicles that have been replaced by scar tissue.

Trichoscopy / digital scalp imaging

Digital magnification can improve visualization and documentation of hair shafts, follicular openings, scaling, inflammation, and pattern changes. Interpretation must remain within the practitioner's training and scope; definitive medical diagnosis may require a dermatologist and, in some disorders, biopsy.

LLLT / red-light devices

Evidence is strongest for androgenetic alopecia. Device type, dose, treatment schedule, contraindications, and local scope rules matter. Do not present red-light therapy as a universal treatment for every form of alopecia.

Microneedling

Research supports microneedling mainly as an adjunct in selected hair-loss settings, particularly androgenetic alopecia. Training, device regulation, needle depth, sanitation, contraindications, and licensing requirements vary. Do not perform over active infection, open lesions, or uncontrolled inflammation.

PRP

PRP is an invasive medical procedure involving blood collection, processing, and injection. In the curriculum, trichology discussion should focus on education, collaboration, and supportive pre/post-care unless the practitioner separately holds the license and credentials required to perform the procedure.

SMP

Scalp micropigmentation is a cosmetic tattooing technique. Whether a trichologist may perform SMP depends on separate training, tattoo/body-art regulation, infection-control requirements, and local law. Certification in trichology alone does not automatically authorize SMP.

Botanical / mineral scalp care

Botanical or mineral products should be framed as supportive cosmetic scalp care, not as treatments that detoxify the body or cure disease. Claims about pH, irritation relief, cleansing, or barrier support should match the actual formulation and available evidence.

Laboratory results

Students may learn why laboratory findings matter in hair-loss assessment, but interpreting abnormal values as a medical diagnosis, ordering medical treatment, or directing medication/supplement changes may exceed scope. Coordinate with the client's licensed healthcare provider.